

WAIVER FORM

(Permission Slip)

We, I _____ hereby permit _____
(Parent or Guardian) (Child's Full Name)

to participate in, _____ SKATE DAY/NIGHT _____ at _____ WILSON PARK SKATE RINK _____
2200 Crenshaw Blvd.

Date (or inclusive dates of activity) _____ Time (or times) _____

Drop-off Time _____ Pick-Up Time _____

We hereby release and discharge the City of Torrance Community Services Department, and each and all their agents, contractors, and employees from any liability whatsoever, resulting from or in any manner arising out of any injury of damage which may be sustained on account of her/his participation in said activity or the transportation in connection therewith.

In the event of an accident or other emergency, when a parent or guardian is not available, I hereby authorize any Recreation Division staff to make arrangements considered necessary for my child to receive hospital or medical care, including, necessary transportation. I authorize such care and treatment to be performed by a licensed physician or surgeon.

Signed _____ Phone _____ / _____
(Parent or Guardian) (Home) (Emergency)

Address _____ City _____ Zip Code _____

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Address _____ City _____ Zip Code _____